

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045584

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sikeston Length of stay in lb 15 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Mo. Delta Community Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Scott

c. CITY OR TOWN Sikeston Inside Limits Yes ☒ No ☐

d. STREET ADDRESS 605 Branum (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) Allen Dodd Rankin

4. DATE OF DEATH Month Day Year
11-20-62

5. SEX Male

6. COLOR OR RACE Caucasian

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-8-1876

9. AGE (last birthday) 85
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clergyman

10b. KIND OF BUSINESS OR INDUSTRY
Ministry

11. BIRTHPLACE (City and state or country)
Obion County, Tenn.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Joseph Rankin

13b. MOTHER'S MAIDEN NAME
Kitty Bynum

12. NAME OF HUSBAND OR WIFE
Anna Parker Rankin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT Address
Mrs. Anna Rankin, Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Urate Cor. ART. Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ART. SCLER. HEART DIS.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-19-62 to 11-20-62 and last saw him alive on 11-20-62
Death occurred at 12:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl G. Popper, M.D. (Degree or title)

22b. ADDRESS Sikeston, Mo. 22c. DATE SIGNED 11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 11-21-1962

23c. NAME OF CEMETERY OR CREMATORY
Garden Of Memories

23d. LOCATION (City, town, or county) (State)
Sikeston, Mo.

24. FUNERAL DIRECTOR ADDRESS
Funeral Chapel, Sikeston, Mo.

25. DATE RECD. BY LOCAL REG.
Nov 26-1962

26. REGISTRAR'S SIGNATURE
Jeanette Waldman

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 1007

2 1007

3

4 0

5 1

6

7 1

8 0

9 420.1

10

11

12 1-0

13 2-0

NOV 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Munnich

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed Nov 20 - 1962